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Bib Data Sheet

CONFIRMATION NO. 5174

SERIAL NUMBER 09/965,981	FILING DATE 09/28/2001 RULE	CLASS 705	GROUP ART UNIT 2161	ATTORNEY DOCKET NO. 47117/14489
APPLICANTS Diane K. Smith, North Royalton, OH; ** CONTINUING DATA ***** NONE of 6/29/02 ** FOREIGN APPLICATIONS ***** NONE of 6/29/02 IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 10/23/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Signature</u> Examiner's Signature Initials		STATE OR COUNTRY OH	SHEETS DRAWING 99	TOTAL CLAIMS 29
INDEPENDENT CLAIMS 4				
ADDRESS 23380				
TITLE Software for financial institution monitoring and management				
FILING FEE RECEIVED 1082	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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CONFIRMATION NO. 5174

SERIAL NUMBER 09/965,981	FILING DATE 09/28/2001 RULE	CLASS 705	GROUP ART UNIT 3624	ATTORNEY DOCKET NO. 47117/14489
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APPLICANTS

Diane K. Smith, North Royalton, OH;

**** CONTINUING DATA *******

None JP. 6/29/02

**** FOREIGN APPLICATIONS *******

None JP 6/29/07

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 10/23/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 99	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <u>[Signature]</u> Initials				

ADDRESS

23380

TITLE

Software for financial institution monitoring and management and for assessing risk for a financial institution

FILING FEE RECEIVED 1082	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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